

# Field inspection and sampling audit form

Audit completed by: \_\_\_\_\_

Audit date: \_\_\_\_\_

Field team members: \_\_\_\_\_

Property under inspection: \_\_\_\_\_

Inspection Item	In compliance?		Notes
	Yes	No	
Inspection date and time recorded in field book?			
Correct IFF and property maps used?			
Verbal interview conducted completely?			
Verbal interview recorded in interview form?			
Property owner's questions answered?			
Attic is inspected?			
Respirator is used to inspect attic?			
All levels of primary structure are inspected?			
Field team noted all visible VCI or VCBM?			
Secondary structures are inspected?			
Property sketch is completed per SAP, using key?			
If taken, photographs have scale bars?			
Appropriate number of dust samples and subsamples collected?			
Dust subsample locations and areas are appropriate?			
Dust sampling equipment assembled correctly?			
Pump flow rate is 2 liters per minute?			
Dust sample is collected following SOP?			
Dust sample is recorded correctly on FSDS and in field log book?			
Dust sample labels are correctly attached to sample and field forms?			
Chain of custody procedures are followed?			
Dust samples are stored appropriately?			
Equipment is decontaminated appropriately?			
Waste is handled appropriately?			
Yard is inspected?			
Property sketch is completed per SAP, using key?			
Appropriate number of soil samples and subsamples collected?			
Soil subsample locations are appropriate?			
Soil samples are composited per SOP?			
Soil samples are containerized per SOP?			
Soil sample is recorded correctly on FSDS and in field log book?			

Inspection Item	In compliance?		Notes
	Yes	No	
Soil sample labels are correctly attached to sample and field forms?			
Chain of custody procedures are followed?			
Soil samples are stored appropriately?			
Equipment is decontaminated appropriately?			
Waste is handled appropriately?			
Gloves are worn for soil sampling?			
Field notes and forms are legible?			
Other (please describe):			

Additional notes:

Auditor signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form has been reviewed with the field team by the field team leader

Field team leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field team members: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Additional corrective actions taken:

Action: \_\_\_\_\_

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Action: \_\_\_\_\_

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_